Washington State Department of Social & Health Services
MAA Medical Assistance Administration

MEDICAL ASSISTANCE ADMINISTRATION

OXYGEN AND RESPIRATORY LIMITATION EXTENSION

PROVIDER INFORMATION	
PROVIDER NAME	DSHS PROVIDER NUMBER
TELEPHONE NUMBER	FAX NUMBER

CLIENT INFORMATION	
CLIENT NAME	PIC NUMBER

SERVICE REQUEST INFORMATION	
PROCEDURE CODE	DATE

Description of service/item being requested:

What program criteria requires you to submit this special request?

UNITS REQUESTED	LENGTH OF NEED	UNITS USED IN THE LAST THREE MONTHS

PLACE OF SERVICE

MEDICAL INFORMATION		
Related respiratory or medical diagnosis:	Dx	ICD
	Dx	ICD

What is the medical justification for this request?

How will approval of this request functionally benefit the client?

Is there a less costly alternative? What is it? Why won't it work for this client?

DSHS 15-298 (01/2005)

A copy of the prescription must be attached to this request.

Fax: **360-586-1471** or mail to: Medical Request Coordinator, MAA/DMM
PO Box 45506
Olympia, WA 98504-5506